

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**Place of Offense: _____ Category No. II Investigating Agency FBICity Boston, Elsewhere**Related Case Information:**County Suffolk, Elsewhere

Superseding Ind./ Inf. _____ Case No. _____

Same Defendant _____ New Defendant _____

Magistrate Judge Case Number _____

Search Warrant Case Number 21-MJ-2029 through 2040-MBB

R 20/R 40 from District of _____

Defendant Information:Defendant Name Gyulnara Bayryshova Juvenile: ☐ Yes ☒ NoIs this person an attorney and/or a member of any state/federal bar: ☐ Yes ☒ No

Alias Name _____

Address (City & State)Birth date (Yr only): 1965 SSN (last4#): 1923 Sex F Race: _____ Nationality: _____

Defense Counsel if known: _____ Address _____

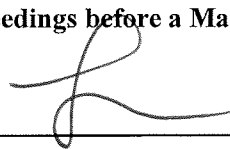
Bar Number _____

U.S. Attorney Information:AUSA Laura J. Kaplan Bar Number if applicable _____Interpreter: ☐ Yes ☒ No List language and/or dialect: _____Victims: ☒ Yes ☐ No If yes, are there multiple crime victims under 18 USC§3771(d)(2) ☐ Yes ☒ NoMatter to be SEALED: ☒ Yes ☐ No☒ Warrant Requested ☐ Regular Process ☐ In Custody**Location Status:**

Arrest Date _____

☐ Already in Federal Custody as of _____ in _____☐ Already in State Custody at _____ ☐ Serving Sentence ☐ Awaiting Trial☐ On Pretrial Release: Ordered by: _____ on _____Charging Document: ☐ Complaint ☐ Information ☒ IndictmentTotal # of Counts: ☐ Petty _____ ☐ Misdemeanor _____ ☒ Felony 10

Continue on Page 2 for Entry of U.S.C. Citations

☒ I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.Date: 02/03/2021Signature of AUSA: 

District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Gyulnara Bayryshova

U.S.C. Citations

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>18 U.S.C. § 1349</u>	<u>Conspiracy to commit mail fraud and health care fraud</u>	<u>1</u>
Set 2	<u>18 U.S.C. §§ 1341 and 2</u>	<u>Mail fraud, aiding and abetting</u>	<u>2-9</u>
Set 3	<u>18 U.S.C. §§ 1347 and 2</u>	<u>Health care fraud, aiding and abetting</u>	<u>10</u>
Set 4	<u>18 U.S.C. §§ 981(a)(1)(C), 982(a)(7); 28 U.S.C. § 2461(c)</u>	<u>Forfeiture Allegation</u>	
Set 5			
Set 6			
Set 7			
Set 8			
Set 9			
Set 10			
Set 11			
Set 12			
Set 13			
Set 14			
Set 15			

ADDITIONAL INFORMATION: _____

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**Place of Offense: _____ Category No. II Investigating Agency FBICity Boston, Elsewhere**Related Case Information:**County Suffolk, ElsewhereSuperseding Ind./ Inf. _____ Case No. _____
Same Defendant _____ New Defendant _____
Magistrate Judge Case Number _____
Search Warrant Case Number 21-MJ-2029 through 2040-MBB
R 20/R 40 from District of _____**Defendant Information:**Defendant Name Slava Pride Juvenile: ☐ Yes ☒ NoIs this person an attorney and/or a member of any state/federal bar: ☐ Yes ☒ No

Alias Name _____

Address (City & State)Birth date (Yr only): 1980 SSN (last4#): 2725 Sex M Race: _____ Nationality: _____

Defense Counsel if known: _____ Address _____

Bar Number _____

U.S. Attorney Information:AUSA Laura J. Kaplan Bar Number if applicable _____Interpreter: ☐ Yes ☒ No List language and/or dialect: _____Victims: ☒ Yes ☐ No If yes, are there multiple crime victims under 18 USC§3771(d)(2) ☐ Yes ☒ NoMatter to be SEALED: ☒ Yes ☐ No☒ Warrant Requested ☐ Regular Process ☐ In Custody**Location Status:**

Arrest Date _____

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Signature of AUSA: _____

District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Slava Pride

U.S.C. Citations

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
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Set 2	<u>18 U.S.C. §§ 1341 and 2</u>	<u>Mail fraud, aiding and abetting</u>	<u>2-9</u>
Set 3	<u>18 U.S.C. §§ 1347 and 2</u>	<u>Health care fraud, aiding and abetting</u>	<u>10</u>
Set 4	<u>18 U.S.C. § 1035</u>	<u>False statements in connection with health care benefit programs</u>	<u>11-13</u>
Set 5	<u>18 U.S.C. §§ 981(a)(1)(C), 982(a)(7); 28 U.S.C. § 2461(c)</u>	<u>Forfeiture Allegation</u>	
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

ADDITIONAL INFORMATION: _____

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**Place of Offense: _____ Category No. II Investigating Agency FBICity Boston, Elsewhere**Related Case Information:**County Suffolk, ElsewhereSuperseding Ind./ Inf. _____ Case No. _____
Same Defendant _____ New Defendant _____
Magistrate Judge Case Number _____
Search Warrant Case Number 21-MJ-2029 through 2040-MBB
R 20/R 40 from District of _____**Defendant Information:**Defendant Name Anna Barenboym Juvenile: ☐ Yes ☒ NoIs this person an attorney and/or a member of any state/federal bar: ☐ Yes ☒ No

Alias Name _____

Address (City & State)Birth date (Yr only): 1976 SSN (last4#): 9195 Sex F Race: _____ Nationality: _____

Defense Counsel if known: _____ Address _____

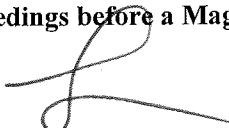
Bar Number _____

U.S. Attorney Information:AUSA Laura J. Kaplan Bar Number if applicable _____Interpreter: ☐ Yes ☒ No List language and/or dialect: _____Victims: ☒ Yes ☐ No If yes, are there multiple crime victims under 18 USC§3771(d)(2) ☐ Yes ☒ NoMatter to be SEALED: ☒ Yes ☐ No☒ Warrant Requested ☐ Regular Process ☐ In Custody**Location Status:**

Arrest Date _____

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District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Anna Barenboym

U.S.C. Citations

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>18 U.S.C. § 1349</u>	<u>Conspiracy to commit mail fraud and health care fraud</u>	<u>1</u>
Set 2	<u>18 U.S.C. §§ 1341 and 2</u>	<u>Mail fraud, aiding and abetting</u>	<u>2-9</u>
Set 3	<u>18 U.S.C. §§ 1347 and 2</u>	<u>Health care fraud, aiding and abetting</u>	<u>10</u>
Set 4	<u>18 U.S.C. § 1035</u>	<u>False statements in connection with health care benefit programs</u>	<u>14-16</u>
Set 5	<u>18 U.S.C. §§ 981(a)(1)(C), 982(a)(7); 28 U.S.C. § 2461(c)</u>	<u>Forfeiture Allegation</u>	
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

ADDITIONAL INFORMATION: _____

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Same Defendant _____ New Defendant _____
Magistrate Judge Case Number _____
Search Warrant Case Number 21-MJ-2029 through 2040-MBB
R 20/R 40 from District of _____**Defendant Information:**Defendant Name Raya Bagardi Juvenile: ☐ Yes ☒ NoIs this person an attorney and/or a member of any state/federal bar: ☐ Yes ☒ No

Alias Name _____

Address (City & State)Birth date (Yr only): 1985 SSN (last4#): 1565 Sex F Race: _____ Nationality: _____

Defense Counsel if known: _____ Address _____


Bar Number _____

U.S. Attorney Information:AUSA Laura J. Kaplan Bar Number if applicable _____Interpreter: ☐ Yes ☒ No List language and/or dialect: _____Victims: ☒ Yes ☐ No If yes, are there multiple crime victims under 18 USC§3771(d)(2) ☐ Yes ☒ NoMatter to be SEALED: ☒ Yes ☐ No☒ Warrant Requested ☐ Regular Process ☐ In Custody**Location Status:**

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District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Raya Bagardi

U.S.C. Citations

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>18 U.S.C. § 1349</u>	<u>Conspiracy to commit mail fraud and health care fraud</u>	<u>1</u>
Set 2	<u>18 U.S.C. §§ 1341 and 2</u>	<u>Mail fraud, aiding and abetting</u>	<u>2-9</u>
Set 3	<u>18 U.S.C. §§ 1347 and 2</u>	<u>Health care fraud, aiding and abetting</u>	<u>10</u>
Set 4	<u>18 U.S.C. § 1035</u>	<u>False statements in connection with health care benefit programs</u>	<u>17-19</u>
Set 5	<u>18 U.S.C. §§ 981(a)(1)(C), 982(a)(7); 28 U.S.C. § 2461(c)</u>	<u>Forfeiture Allegation</u>	
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

ADDITIONAL INFORMATION: _____